


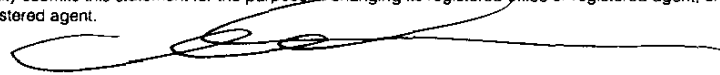
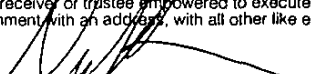
**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90001 019 \*\*\*\*70.00

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<b>DOCUMENT # N00000007944</b>					
1. Entity Name ANDALUSIA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 8430 ENTERPRISE CIRCLE, STE 100 BRADENTON, FL 34202-4108		Mailing Address 8430 ENTERPRISE CIRCLE, STE 100 BRADENTON, FL 34202-4108			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1058260	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPENCER, MARC I 877 EXECUTIVE CENTER DR. W. SUITE 205 ST. PETERSBURG, FL 33702-2472			Name <u>William K. Moarson</u> Street Address (P.O. Box Number is Not Acceptable) <u>elo stamp management</u> <u>21045 Commercial Trail</u> City <u>Boca Raton</u> FL Zip Code <u>33486</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE <u>3/5/07</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOUINGER, ROBERT		NAME	<u>President Louinger, Robert</u>	
STREET ADDRESS	134 ANDALUSIA WAY		STREET ADDRESS	<u>134 Andalusia Way</u>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	<u>Palm Beach Gardens, FL 33418</u>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULHOLLAND, DAVID		NAME		
STREET ADDRESS	234 ANDALUSIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARANELLA, JOHN		NAME	<u>Taranella, John</u>	
STREET ADDRESS	110 ANDALUSIA WAY		STREET ADDRESS	<u>110 Andalusia Way</u>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	<u>Palm Beach Gardens, FL 33418</u>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, NEAL		NAME		
STREET ADDRESS	102 ANDALUSIA WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<u>D Rosen, Eric</u>	
STREET ADDRESS			STREET ADDRESS	<u>216 Andalusia Way</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>Palm Beach Gardens, FL 33418</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE <u>2/21/07</u> DAYTIME PHONE # <u>561-626-8283</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		